

| CLAIMS ONLY | | | | | | Application Number 10731633 | Filing Date |
|---|--|----------|--------|-----------------------|--------|--------------------------------|-------------|
| | | | | | | Applicant(s) | |
| * May be used for additional claims or amendments | | | | | | | |
| CLAIMS | | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
| | | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | 2 | | | |
| Total Depend | | | | 15 | | | |
| Total Claims | | | | 17 | | | |